Chapter 4

Biodynamic massage in psychotherapy: re-integrating, re-owning and re-associating through the body

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> The body is both a representation and a reality, a manifestation of life, and life itself, what we are and something we have, that through which we live and in which we live: it is raw material, tool and crucible. The body has a language with which it responds to life, and is itself a language constituted by the language it carries, which speaks through us and ultimately speaks us.
>
> Gvirtzman 1990: 29

Introduction

Biodynamic massage is an intentional and attentional use of touch which can facilitate a very immediate and evocative quickening (i.e. bringing to life) of parts of the self that have been numbed, buried, deadened. It directly affects the autonomic nervous system, known in body psychotherapy by the more archaic term 'vegetative', a word derived from the Latin *vegetare* which means to quicken, animate, or bring to life. A smell can rapidly re-awaken a deep bodily sense of oneself and a set of feelings and memories. In a similar way touch has the capacity to ground an individual in their body, deepen self-awareness, and evoke a whole range of associations. Using biodynamic massage in psychotherapy creates the potential – and the attendant challenges – of enhancing the client's embodied sense of themselves in relationship to others and the world.

The four case histories presented in this chapter unfold the levels of complexity of this process. The stories illustrate the simple value of a nurturing touch that provides holding, containment and relief from internal pressure. Other stories show how ambivalent feelings about touch are explored. Some of the difficulties and intricacies of integrating massage as an intervention are discussed, especially the way in which indicators of fragmentation and splitting in the client indicate the need for further attention to the transference.

Biodynamic massage as bodywork

I began my training in biodynamic massage with Gill Westland 14 years ago in Cambridge whilst also working on my PhD. I was attracted to the course because of its psychological approach to massage, a development out of Gerda Boyesen's knowledge and experience of psychology, physiotherapy and Reichian vegetotherapy. Two particular experiences of receiving massage stand out: both took me to new realms of experience, and set the frame for my bodily sense of biodynamic work. One of these massages consisted of a rhythmical structured sequence of long strokes down the body. As the massage therapist worked, I began to have a sense that someone was sloughing off a layer of me, like a snake invited to shed a skin. And then it felt as if I was becoming the sea; my body was one with the rhythm of the waves. I felt as huge and fluid as the ocean. It changed again. I both sensed and saw an image of a ribbon of light down my body, from my head to my toes. In her essay on energy distribution (the massage that I received) Robyn Lee offers a possible explanation for my experience:

> These varieties of spiritual experience appear to emerge from the refining and focussing of energies of the body, and appear at those points when the organism can tolerate without fear a higher and higher frequency vibration of its own energy, and that of the energy field around it.
>
> Lee 1977: 122

This experience of the energy distribution massage was followed by a visit from the guest trainer Bernd Eiden, who worked on the muscular armour around my legs and throat. He plucked specific muscles, noting my breathing response and encouraging the expression of anger which was locked in the tense muscles. His insight into my history astonished me. His questions and comments, gently given, struck right to the heart of my childhood dilemmas and current conflicts. Whereas the first massage had opened the door to a more expanded sense of myself, the second experience, with Bernd Eiden, was a more painful coming home. It gave me both an embodied realisation of my own limits, losses and inhibition, and via the sounds and movements that I allowed to emerge from me, a taste of other ways of being.

Looking back on those experiences, I understand them as powerful catalysts which initiated my fascination with bodywork as part of a therapeutic process. My characterological defence against early pain had been to immerse myself in intellectual pursuits. Being on the biodynamic massage course – working directly with the body, sharing and exploring feelings in the group – was revolutionary for me. The intensity of those experiences resulted from feeling safe, and yet being very provoked and opened by the touch.

These two massage experiences represent two poles of a spectrum of possibilities within bodywork. One is for making conscious connections: to

memories and deeper layers of feeling; to oneself and the therapist, increasing awareness internally and in relationship. The other, closely related, aspect is to support an inner process characterised by spontaneous change, flow and reorganisation on a vegetative (unconscious) level, e.g. in breathing, muscle tone or digestion. This is akin to dreaming (also a vegetative process) which can be healing in and of itself, prior to and apart from the unfolding and exploring of what it 'means'.

Startle reflexes are a characteristic vegetative event which biodynamic theory recognises as therapeutic. The startle reflex is triggered by falling anxiety, shock, or situations where there is a strong sensory-emotional stimulus. The complete reflex, which involves a sudden bodily contraction, followed by expansion and action/expression, is a self-regulating response. When it is repeatedly inhibited – a form of repression when the environment is perceived as 'unsafe' – it becomes the basis for tension in the muscles, the joints and the diaphragm. During biodynamic massage startle reflexes may occur spontaneously as the client begins to unwind, or symptoms of incomplete startle reflexes may be gradually released. This also happens during dreaming. The dreamer is re-orienting, whether they remember the dream when they wake up or not. The startle is an especially strong orientation response (Hunt 1989: 29).

Biodynamic massage sits alongside many other forms of bodywork that have flourished and developed over the last century (though often their roots are in more ancient healing arts), such as polarity therapy, zero-balancing, cranio-sacral work, shento, shiatsu, rolfing, Alexander, Feldenkrais, Trager work, Hellerwork, and many others. These forms of bodywork – often incorporating the significant word 'work' – differ from most forms of massage, which aim more simply at increasing relaxation and wellbeing. Even in the bodywork practices listed above, there is enormous variation in the degree to which the practitioners integrate a psychological process as part of the overall scope of the work.

However, in this chapter I want to make a further distinction between biodynamic bodywork as a treatment in its own right and biodynamic massage as an intervention in body psychotherapy. Bodywork on its own can be a form of healing that deepens the client's relationship to themselves and enhances the capacity for self-awareness, spontaneity, and wellbeing. Its use in psychotherapy requires a shift of emphasis from the therapeutic relationship as providing necessary safety and emotional holding, to a therapeutic relationship grounded in and guided by an understanding of transference dynamics as an essential part of the work.

In this context, biodynamic massage has a wide variety of effects, and whilst it can at times be the main modality of working, it may also be used sparingly as a very concentrated therapeutic experience which may need time, space, and reflection to be assimilated fully. The examples I described from my own experience of massage were highly-charged moments of inspiration as my in-breath was, quite literally, deepened. They took place in a training context where there was emotional holding, but the experiences in the massage were not in themselves psychotherapy. Rather, they were catalysts.

They opened a door, starting a process that flowered in my experience of group and individual movement psychotherapy and body psychotherapy a few years later. Subsequently, the layer upon layer of consequence, effect, shift and regression emerging from a body process have, in my case, been largely worked through individual psychoanalytic psychotherapy. Bringing together my appreciation of bodywork and my respect for object relations theory has been fundamental to the development of the thinking set out in this chapter.

Biodynamic massage is sometimes used as an adjunct to the psychotherapy process, where the massage therapist works on the vegetative level to support the work of the psychotherapist. Whilst there is a risk of splitting and collusion provoked by this triangular set-up, it can be mitigated by the massage therapist's awareness of transference issues and an ethical stance. Whatever the reason for the referral from the psychotherapist (and sometimes there are unconscious as well as conscious intentions at work), the massage therapist must respect the boundaries of the psychotherapy, and encourage the client to take their process back to their psychotherapist.

In other cases biodynamic massage may be used as an adjunct to a medical or complementary therapy, where the massage therapist focuses more on integrating the psychological material provoked by illness. Biodynamic massage can provide a context for both exploring and relieving psychosomatic symptoms, through supporting self-regulation, expression and embodied self-awareness. (Boyesen 1981; Carroll 1998a) It is a reflection of the broad scope of biodynamic massage that it can employed with an emphasis which shifts between the energetic/physical and the psychological/psychodynamic.

What makes the difference between biodynamic massage as a treatment and psychotherapy which includes biodynamic massage as an intervention is not the quality or the intensity of the experience. It is not the memories or insights generated, nor the cathartic responses, nor the amount of verbal reflection. It is the boundaries and the contract to work psychotherapeutically. Massage clients will nearly always receive a massage, though occasionally they just talk. For psychotherapy clients, massage is a part of a process, not a given. This means that the issues involved in using massage, the conscious and unconscious fantasies around it, the effects of shifts between chair, mattress and massage table, the client remaining clothed or not, are a fundamental part of the material of the therapy.

To clarify the role of biodynamic massage in psychotherapy, I will give a historical overview of its development by Gerda Boyesen and its modifications at Chiron. Throughout, I aim to illustrate that massage has a role to play in assisting re-integration, re-association to and re-owning of the body, i.e. increasing the clients' embodied sense of themselves. It is a fundamental

premise of body psychotherapy – now being thoroughly substantiated by developments in neuroscience – that an experience of the body is vital to a robust and differentiated sense of self (Damasio 1994, 1999).

Biodynamic massage: from physiotherapy to psychotherapy

The way in which we perceive the world and interact with it depends fundamentally on the quality of aliveness of the tissue (Keleman 1981: 34).

> Discovering the natural rhythms of breathing, becoming aware of and respecting the defences against full respiration [is] a different kind of revelation . . . Witnessing this, people come to a new understanding of how their emotional life is lived in their body, and the impossibility to attempting to deceive, deny or disown the body.
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> Lee 1977: 118

Although Gerda Boyesen has emphasised her own independent discoveries in connection with bodywork, nevertheless Wilhelm Reich was indirectly a key figure in the development of her ideas. Reich, influenced by Freud and Ferenczi, was a pioneer in the articulation of a holistic paradigm for psychotherapy. He situated bodily experience within a frame that coordinated physiology, mental representation, unconscious communication including transference and the impact of society on an individual. In particular, he focussed on muscular armour in its function of inhibiting impulses, numbing sensation and binding excitation. The musculature embodied the ego, he concluded, and every muscular rigidity contains the history and meaning of its origin (Reich 1947: 300). In his psychoanalytic work, he combined interpretation with systematic pressing and squeezing of muscle and with mimicry of and verbal description of the patient's manner, body language and gesture. He perceived his patients' bodily structure and their physical symptoms as acquired vegetative behaviour, directly reflecting and enacting their characterological conflicts (Reich 1947: 301).

Trygve Braatoy, a student of Reich and a psychiatrist in Norway, introduced his techniques for working with muscle to the physiotherapist Aadel Bulow-Hansen. It was at the Ulleval Clinic where they worked that Gerda Boyesen was trained in the technique of psycho-motor (i.e. neuro-muscular) therapy in the 1950s. Whilst Bulow-Hansen refined the technique of releasing the patient's restricted breathing via massage, she was not interested in the process material or the theory (this was taken to the psychiatrist). But Boyesen, who had undergone vegetotherapy (Reichian analysis) with Ola Raknes, had a degree in psychology and a physiotherapy training, was fascinated by the theoretical and clinical implications of what she saw. Although she later combined massage and psychotherapy, as a physiotherapist the exclusive emphasis was on observation of the vegetative (i.e. autonomic) aspects of the patient's reactions, and how both to stimulate and modify them.

Boyesen broadened Reich's idea of muscle armour and autonomic imbalances to include all other layers of psychosomatic organisation, including connective tissue, bone, skin, viscera and aura. At every level, she hypothesised, encapsulations occurred, preventing the dynamic flow of feeling/information in order to limit emotional pain: just as the musculature and the viscera have barriers to hold repression intact and prevent spontaneity, so the tissue has an infiltration, a tissue-armour, which desensitises and disturbs normal circulation and homeostasis, physical, mental and spiritual (Boyesen 1980: 70). One of her major contributions to body psychotherapy was to grasp the systemic consequences of sustained repression and deprivation, which she called the somatic compromise (Boyesen 1980). She was sensitive to the layers of hyper- and hypotonic muscle, different kinds of tissue disturbance, tension in internal organs and in joints, and variation in skin capacities.

In particular, Boyesen focussed on the way that the quality of the connective tissue – its colour, degree of sensitivity, elasticity, density or looseness, and chemostasis (toxicity) – was an immediate indicator of both chronic and acute emotional states. Through palpation of tissue she perceived the specific quality of the client's membrane (tissue) and the nature of the structure/containment it provided. She began to formulate how the vasomotoric (i.e. blood circulation) cycle was related to stages in an emotional cycle. The vasomotoric cycle is an holistic concept: the degree of permeability of tissue, the charge or absence of charge in the fluid are seen as important indicators as to how ripe feelings are for release, expression, assimilation and/or formulation. (Charge is literally manifest as increased colour, warmth and swelling in the tissue.) The combination of therapeutic presence and the use of appropriate massage techniques help the body regulate and assimilate on an autonomic level. This in effect also facilitates transitions in psychological states, whether explored verbally or not.

Feelings are regarded as spontaneous vegetative processes, which may be inhibited for any reason (conscious or unconscious) by muscular contraction (the motoric ego). Boyesen was interested in the relationship between the autonomic nervous system (broadly identified with the id) and the central nervous system (identified with the ego). The optimal cooperation between the two systems, she proposed, was converted into temporary or chronic opposition where environmental failure did not support recovery from distress (Boyesen 1980: 58–60). She suggests that the unresolved internal conflict is maintained as a latent visceral pressure, which when re-stimulated becomes a more urgent experience of psychological (mind) and physiological (body) pressure in the client.[1]

Boyesen's techniques are directed towards gradually melting visceral, tissue

and muscle armour, allowing what has been repressed to re-emerge and be expressed and assimilated. The aim is a steady titration, with the awareness that at any moment the cumulative effects of dissolving tension may lead to a spontaneous emotional abreaction or vegetative reaction (sweating, nausea, startles, a rash, etc) (Boyesen 1980). In contradistinction to psychoanalytic therapy where symptoms may be perceived as acting out, vegetative reactions are seen as a kind of clearing house for completing emotional cycles.

One of Boyesen's important discoveries was that by listening through a stethoscope to the peristaltic sounds (rumblings in the gut), she could track the body's unconscious response to touch. Peristalsis is an indicator of parasympathetic activity, and therefore relaxation, which happens when conditions of emotional safety are sufficient. But, more than that, peristalsis, she noticed, was affected by the precise location and pressure of touch, and was particularly strong where there were areas of fluid accumulation. She hypothesised that the peristalsis, a sign that the abdominal digestive process was open, actually helped digest the remnants (hormonal-psychological) of stress in the body. The converse, in neurosis, is described as abdominal closure, and is often accompanied by gastrointestinal symptoms and difficulties with processing feelings. She conceived of psycho-peristalsis as an important mechanism for discharging excess pressure/stimulation, akin to but much subtler than Reich's orgasm reflex. This intestinal function can be nurtured by massage over a period of time, so that it increasingly comes into operation spontaneously, independent of touch. In this way, biodynamic massage can help restore the optimal functioning of the gut and enhance the individual's capacity for psychological containment and self-regulation (Boyesen 1980).

Working on a wide range of psychiatric patients taught Boyesen how to moderate as well as stimulate dynamic processes in the body. Whereas challenging techniques to undo the diaphragmatic defence against breathing were suitable for some clients, for ego-weak clients following the peristalsis (so that internal pressure is consistently modified) was more effective. In addition, she started in her own private practice to combine modalities, and biodynamic psychotherapy became built around the triad of chairs, mattress (for vegetotherapy) and massage table (see Chapter 2). In the following case history, I focus particularly on the classical biodynamic approach of melting tissue and visceral armour through gentle work on the connective tissue and psychological holding.

Case study: Sarah – a grief on hold

Sarah came to me for massage five years after her second miscarriage. She reported being alright except for ongoing headaches and back pain. Both shoulders and neck muscles were very taut. Her legs were stiff and feet icy. This rigidity in the body indicated both chronic (i.e. originating developmentally) and acute defences against collapse into need and grief. The skin on her face was puffy with red blotches, indicating feelings close to the surface (distension pressure). The tissue on the neck was denser, thickish, and disconnected from the muscle (transudation tissue), suggesting a longer-term process of holding back feelings by tensing the neck. I decided to work initially with massage to help Sarah come into the layers of grief in her body. In my experience, although bereavement always involves complex issues from early relationships which need to be addressed, biodynamic massage can give immediate support to assimilating the deep wells of grief being held back in the body.

I tailored the massage to the peristaltic sounds, working gently on a tissue level, to find areas which were ripe for release. Sarah had very little peristalsis, a sign the abdominal discharge mechanism was almost closed. Gradually, as my fingers searched out pockets of fluid, there were trickling sounds. These changed to periods of explosive popping sounds as the grief became acute again. She cried a lot during this time, which she had been unable to do in recent years. Deep crying also stimulates the parasympathetic system because it is a letting go, and tears, like other fluids that leave the body, carry with them hormonal remnants.

Following basic biodynamic principles, I also focussed on bringing energy down the body, with long strokes over her torso onto her legs, stretching her legs, and holding her feet. After several months there was a marked change in her ability to breathe with the stretches, and then to breathe occasional deeper spontaneous breaths. This helped put Sarah in touch with anger associated with her losses, and the deeply repressed protest against injustice and pain. This in turn brought up feelings about the inadequate mothering that she had received, which entered our relationship gradually in the form of her complaints and criticisms towards me.

Gradually, Sarah's face began to lose its blotchy look and the puffiness reduced. After a few weeks of intermittent diarrhoea her headaches reduced in frequency. Subsequently, parts of her body became unbearably ticklish and sensitive, as a last holding point against a fuller breath and the sensation of pleasure in the skin contact. By the time we finished, the layers of skin, tissue and muscle had begun to feel both more differentiated and more connected. Her peristalsis gurgled more frequently, and in between waves of grieving came a renewed sense of the joy of living.

Sarah decided to end when she felt that a substantial step had been made towards coming to terms with her losses. She had been offered a new job and wanted to get on with life. I supported her decision because I felt we had reached the end of a cycle. We did, however, discuss what might have come next in the therapy if she had continued. It would have meant, probably, stopping massage and allowing the negative transference more space.

In the Reichian tradition there has tended to be an emphasis on undoing patterns of muscle tension to release repressed feelings. This case illustrates an important aspect of biodynamic massage: its transmutative role on a

tissue/visceral layer which complements more muscle focussed work. The connective tissue plays a key part in assimilation, integration and containment of fluids (blood, lymph and other intra- and extra-cellular fluids), which regulate wellbeing via hormones, peptides, antibodies, etc. The psychological corollary of this is a reorganisation of mood or feeling. The touch invites a vegetative free association within the body, and its effects are far-reaching and unpredictable. In this sense the client is far from passive on the table; the body's responses are part of a dialogue with the therapist.

The biodynamic massage framework is founded on perceiving and relating to these changes in the client, at multiple levels, from tissue change to breathing to subtle movements as well as verbal expression and content. Observation of subtle physiological signs forms part of the psychotherapist's intuitive sense of where the client is in an emotional cycle, and offers cues and clues for verbal processing. These observations are assimilated in an experienced body psychotherapist at a body level; it requires relaxation and openness in the therapist to keep receiving and responding to this process and this in itself is therapeutic for the client. The therapist's feedback via touch, words and presence communicates to the client a deep embodied attention (Carroll 1998).

Biodynamic massage is directly aimed at stabilising the physiological internal environment and enhancing the assimilative functions (psychophysiological digestion). Lavinia Gomez has aptly compared this function of bodywork with Winnicott's concept of the environmental mother, whose role is to mitigate impingements on the baby's inner world by providing good physical-emotional care.[2] If biodynamic massage has been central in the early stages of psychotherapy, the process of giving it up and facing aspects of the therapeutic relationship from a new angle is often a significant process in its own right. Some clients consciously or unconsciously want to foreclose this process, keeping the psychotherapist as 'the one who can understand me through touch'. But if this transition is worked through, the memory of the massage phase can prove very rooting for the client as they struggle with more difficult transference feelings later on.

Re-owning, re-associating, and re-integrating through and in the body

Gerda Boyesen's approach to psychotherapy, which holds out for the potential of healing through the body, is powerful and compelling but it also avoids confronting the trickier aspects of the therapeutic relationship. The complexity of transference is flattened in biodynamic psychology, and the value of frustration and challenge as precipitators of change is underplayed. The founders of the Chiron Centre for Body Psychotherapy – Bernd Eiden, Jochen Lude and Rainer Pervoltz – trained with Gerda Boyesen in London. They were inspired by the teaching but also recognised the limitations of this

approach, and set up their own body psychotherapy training in 1983. They turned to Gestalt, bioenergetics and analytical psychology for more structure and flexibility of intervention. From Gestalt, they took the explicit focus on awareness of sensation, contact and boundaries, and an attitude of inviting the client to have an adult role in the process. Owning parts of the self which have been projected, and recognising what has been introjected, offered a broader therapeutic base for client and therapist to explore the client's past and present relationships.

In a more recent phase of Chiron's development there has been a further stage of revising and integrating the basic premise of body psychotherapy. In particular, attention to the therapeutic relationship has been developed, with the integration of an object-relational perspective and a deepening understanding of the transference/countertransference and its manifestation in the body. The implicit idealisation of the body and bodywork in the body psychotherapy tradition has been more thoroughly digested. The consequence of this has been to encourage more thoughtful and subtle use of bodywork, and with that a re-embracement of its potential (Soth 2000). (See 'Spontaneity as Integration' and 'Complexity, Complications and Contraindications' below).

The evolution of the use of massage in psychotherapy at Chiron has been influenced by the different styles of the acknowledged father of body psychotherapy, Wilhelm Reich, and the less well-known figure of Gerda Boyesen, arguably the mother of body psychotherapy. Reich was very much a psychoanalyst: his style was rigorous to the point of being puritanical; the stern father, he challenged through interpretation and in his direct work on muscular armour. Boyesen, by contrast, is more identified with the environmental mother, who merges and attunes to the bodily detail of viscera, bone, tissue, muscle and aura with exquisite precision and sensitivity, generating a wonderful invitation to expansion and flow.

Reich had an acute perception of conflict in the body as a manifestation of introjects and negative transference. In effect, he was always driving at getting the client to re-own their defences, needs and habits. He mirrored the patient's bodily attitudes by mimicking and through verbal description. Reich's analysis of the transference formed the basis for strategic interventions. Boyesen, on the other hand, looked for immediate signs of ripeness in the connective tissue, delicate and unformed and unfocussed stirrings to guide her work to strengthen the person so these things will go on cooking (i.e. moving towards consciousness) (Southwell 1999). Her therapeutic stance is more akin to humanistic therapies like co-counselling or person-centred work, which emphasise the self-regulative capacity of the individual.

As body psychotherapists, both Reich and Boyesen encouraged the client to lie down and surrender to the internal flow. But Boyesen's style was in general more inviting and the massage includes a broad array of techniques to give gentle and active support to letting go. Although she used certain massage techniques to challenge defences – particularly holding patterns in

the diaphragm and in the muscles – the biodynamic approach supports and allows expressive movements such as kicking and hitting, with minimal interpretation. Reich made explicit links between the emergence of the patient's impulse and unconscious fantasy in a classically psychoanalytic way.

Of course, I am making a somewhat artificial – and coincidentally stereotypically gendered – polarisation between these two figures, but I want to give a flavour of the history and range of styles of working with the body. Body psychotherapy has been profoundly influenced by Reich, and Boyesen's use of massage is a very distinctive and controversial contribution to the field. In my own work, I have tried to re-introduce some of the Reichian analytical rigour and attention to transference, whilst valuing the intimate, almost microscopic, detail of biodynamic work. The following case history illustrates the interplay between these approaches.

Case history: Andrew – vaulting ambition and its recoil upon the self

Andrew came to psychotherapy because he had a friend who had benefited from biodynamic massage. He was in many ways quite cut off from himself, and he clung to the idea of massage for almost a year before he was ready to broaden the work. He is a good example of a client who uses the massage defensively to get relief from anxiety despite intense ambivalence about the psychotherapy process itself. It's a common dilemma for a psychotherapist using massage that it may be demanded rather than negotiated from within the therapeutic relationship (a more vulnerable position from which to ask for massage). It is a matter of judgement whether acceding to the use of massage will pay off in the long run, as it did with Andrew, or whether it is better to insist on exploring its function first.

Quite soon after he started with me, Andrew seized a moment at work to stake a claim for an important project although the idea for it actually originated elsewhere (an immediate parallel with his unconscious appropriation of biodynamic massage). That night he slept very little, suffering from cramps in his thigh and calf muscles. He came to the session saying he could hardly put his feet on the ground. I held his feet and encouraged him to feel the spasms and breathe. I wondered aloud if he dared to feel the reality of the leap he had taken, and the new ground he was on.

Andrew's colleagues were very hostile to him, and the shock of this manifested in a stiffening of his body, particularly his chest. Beneath the mask of pride was a fear of collapse, of falling apart with the rejection and humiliation. Initially I suggested he exaggerate the puffed-up stance; this enabled him to feel the hurt and to soften. The following week I used definition work – a technique based on the muscle tensing for building ego I learned with Babette Rothschild – to help him find the degree of bodily-based tension he needed to keep going (Carroll 1999; Rothschild 2000).

A month later he was having nightmares of explosion and execution. I linked these with his fear of being punished for his actions, although he repeatedly wanted to disconnect the link between his bodily experience and what was happening in his life. I worked with emptying – a technique designed to relieve fluid pressure – around his head, heart and shoulders. In his lower back the shame and terror were palpable as a quivering, combined with clenched buttock muscles. I supported this area by placing my hands on his lower back, encouraging him to notice how he felt.

Four months after his promotion I explored with him the idea of enduring as 'making hard', in other words to sense how, as he was trying to protect himself from unbearable feelings, his muscles were narrowing and constricting. Around this time he developed a painful right shoulder, which increasingly restricted movement, a potential frozen shoulder. It was symptomatic of his crisis in so many ways. It contained his sense of being burdened, the sadness underlying his apparent independent stance, the need to square up to the situation. And most poignant of all – an interpretation that Andrew hated but eventually allowed to affect him – it was an introjection of the cold shoulder his colleagues were giving him. In body psychotherapy, kinesthetic identification is understood to be the physical corollary of introjection of an aspect of another. The pattern of muscular holding contains and underpins the repressed feeling (Carroll 2000: html/motoric).

After massaging deeply into his stiff neck, in the following session, he dreamed of a baby. A new vulnerability became apparent. I held his head for long periods; he stayed for half the session on his side in a foetal position. Several weeks later, I worked on the shoulder again, rocking it gently, and he described feeling the rhythm of safety and wildness. It was a turning point, allowing him to recapture a positive sense of risk and also to feel the vulnerability of being connected to me, to others.

Unlike Sarah, it was difficult initially for Andrew to really receive touch and allow the associations to it – physiological and psychological elaborations – to unfold. Whilst he was trying hard to direct the therapy, he could not allow it to affect him. In my experience, if the client cannot use the touch to digest experience, then it's almost as if the therapist has to help cut it into chunks through interpretation. This also reminds the client that they are not really controlling the therapist, and this can increase the trust in the process, or provide a more explicit focus for the client's negative transference.

Working to bring awareness to the body of the body as a container

Body awareness provides the bridge between cognition and emotion, and is the platform from which various impulses and associations can be integrated and metabolised. It is the place where various levels of

stimulation and activation of the nervous system can be contained and digested

Bernhardt 1995: 54

In many forms of psychotherapy, abstinence from touch is seen as an essential part of containing the client's process: the therapist and client must think together to arrive at understanding. The regularity of meeting, payment and observation of other boundaries creates safety. Whilst body psychotherapy follows most of these conventions, touch – especially massage – creates a different framework.

To work with touch is to work with the most fundamental boundary we have as human beings: the body itself. Boundaries are not just embodied in the skin (the sensitive envelope); but in survival reflexes (the instinctual level of no and yes); the muscular/motoric ego (which enables agency); the bones (which give us structure and alignment); the connective tissue (in which the immune system is embedded); and in our capacity to make sense of all the bodily information which orients us towards safety, appropriate behaviour and self and other awareness. In fact, the capacity for boundary making and containment is a bodily function deriving from the complex interaction of all its systems.[3] It is an intrinsic aspect of healthy self-regulation.

Recent developments in body psychotherapy that stem from new insights into trauma and from research in neuroscience and movement therapy, have refined the practice of supporting the client's boundary-making capacity. In particular Elsbeth Marcher in Denmark has emphasised the importance of actively encouraging the development of sensory awareness, which includes finding the intentionality behind even minor movement impulses. (So also has David Boadella [Boadella 1997].)

As Nick Totton argues in *The Water in the Glass* (1998), relationship damage (neurosis) is functionally equivalent to embodiment damage. It creates a limitation to the extreme of depersonalisation in our capacity to sense/feel our own bodies. As a result of trauma, areas of sensory and perceptual awareness are wiped out, radically split off from normal awareness. Although inappropriate for some trauma clients, biodynamic massage can be used to enhance sensory-motor awareness and provide containment through touch in order to facilitate the development of an embodied identity. In the following case history I want first to illustrate how containment is a function of integrating sensory and motor awareness with emotional awareness. And second, how this involves shifting levels physiologically between muscle, connective tissue, bone, and skin to allow the systems of the body to collectively hold identity, re-membering what has been fragmented by trauma.

Case history: Judit – abandonment trauma and the bodily acquisition of boundaries

Judit is a German Jew, whose parents fled to India during the Holocaust. As well as losing members of her family to the Nazis, she suffered the isolation of growing up without a Jewish community and with restricted contact with her parents. The trauma of abandonment and loss permeated her experience of life. Sustained mainly by an unwavering sense of humour and irony, she went into analytical therapy, and after some time her therapist recommended biodynamic massage as an adjunct to the therapy.

She became very attached to her first massage therapist, who emigrated after about a year and referred Judit on to me. So she came with a very immediate loss, and we both wondered how it would be for her to accept somebody new. My impulse was simply to hold her head, and she cried for some time. For quite a few months, holding her head was predominant. The head often represents the tiny baby: the back and sides of the head can be contained by a pair of hands as the client lies prone on the massage table, and a very young baby requires support to its head.

An integral part of our work was the piecing together of Judit's story: it was a fundamental part of her coming together, trusting me with her body and with holding her deeply traumatic life story. She needed a place for her extreme vulnerability to be held and met with understanding. Physical contact gave her the safety to dissolve, to cry unrestrainedly, whilst the boundary of my body holding her provided a sense of containment. She would sometimes hold my hand to her cheek or rest her cheek against my arm, a spontaneous gesture of longing for nurture.

Then Judit watched a BBC series about the Nazis which triggered the latent post-traumatic stress. She had panic attacks and an increase in agoraphobic symptoms. I had an image of a frozen baby waking up screaming under a pile of rubble. I used definition work to enhance her sense of boundaries, encouraging her to use me as an edge against which to feel her strength. This is a modification of the more cathartic techniques for working with anger, such as hitting and kicking, which would have been too provoking. In this way she was able both to articulate her murderous rage and loathing of the Nazis and to connect to her muscularity. I also encouraged her and challenged her around setting boundaries. Her agoraphobia made sense to me because although there was a physical density to her body, energetically she was very open and easily overwhelmed. She found it hard to set boundaries and could easily feel – and become ill from being – impinged upon by others. In order to get any sense of protection she had to withdraw to her home, which stood for the boundaries she could not experience through her body, and this cost her dearly in terms of loss of contact.

As Goodison has written of working with a similarly traumatised client, it was important to 'revers[ing] the fear of invasion by helping her to recognise

and articulate impulses and needs which came from inside her *out* into the world: so that the starting point was her own body rather than the initiative of another toward her' (Goodison 1990: 386). Goodison is not a biodynamic massage therapist (she trained in energy work with Bob Moore), and so her work illustrates the point that it is a therapeutic relationship with an embodied emphasis which is important rather than any particular massage techniques.

Part of my active support to Judit's sense of her body as a container came from me simply pointing out connections between events in her life and how this was reflected in a very immediate way in her body. For example, an incident with her boss left her livid and when I went to contact her legs, she had almost no sensation at all. She felt as though she didn't have a leg to stand on. For some the symbolic nature of a body part holds such powerful unconscious sway that they lose an aspect of awareness very dramatically when certain issues are triggered. The value of massage is that not only can the association be made verbally, but the experience of sensory feedback, tracked with the therapist, can have an immediate effect.

Judit's recovery or discovery of her legs is a story in itself. When she first came to me she could not bear me to touch her legs or feet. Whilst I respected these feelings, there was also a need to feel her legs and feet in order to become more rooted, to find the strength to stand her ground, and to move forward. Over the years I have proceeded patiently and steadily, holding her feet, then extending the contact to her lower leg, then the outer thigh and knee. Now she experiences contact on her legs and feet as pleasurable and reassuring.

As Judit's struggle on a deep level is with issues of loss and displacement, it occurred to me to focus on her bones. Bones can connect us to a deep sense of knowing, belonging and being part of the structure. When I asked her the question, 'Do you have any sense of your bones?', she found it hard to relate to my question. I focussed directly on her bones by putting my hands there and saying quite matter of factly, 'this is your scapula', 'this is your sacrum' etc. She knew the anatomy, but what was novel was simply recognising the experience of feeling her bones. After the first time we did that she told me the next week that she went home and slept all that night, and all the following day. She got up in the evening for an hour and went straight back to bed. She was not ill, just 'bone tired' from having not been 'in' her bones for most of her life. The support of sinking into her own skeleton allowed her a profound new level of rest and reorganisation.

In an essay on 'Bones, Self and Paradox', Daniel Gvirtzman proposes that, in general in neurotic defense the muscles protect the skeleton, and in psychotic defense the skeleton protects the muscles (Gvirtsman 1990: 39). In Judit's case the multiple abandonment trauma (personal and transgenerational) precipitated a defence at a skeletal level. In addition she may have had a lifelong unconscious fear of feeling her bones because of an identification with the skeletal images of the dying and dead in concentration camps.

After two years of massage, Judit became conscious of more ambivalent

feelings towards me and towards receiving skin contact. She had needed a strong positive transference towards me during her unfreezing process. Now an impulse to separate more became evident. For a couple of weeks she felt overwhelming repulsion around touch, a sense of being ugly and feeling unsafe with me. Awareness had penetrated to skin level: feelings of rejection overwhelmed the longing for contact and manifested in a more conscious self-hatred and paranoia. It was a crucial stage: the re-enactment towards herself of rejection. Feeling her own self-hatred she could not imagine that anybody touching her would not automatically be repulsed. We had two sessions where I did not touch her and we explored these feelings and their implication for our work. She wanted to leave, but it felt precipitous to me, so I suggested reducing our sessions over several months. At the next session she curled up on the mattress and I put cushions round her, a physical and symbolic containment. After crying deeply she felt relieved and renewed. I had accepted her need to be separate, but had stayed with her and offered my presence and a physical substitute for my body.

Subsequently her anxiety around separation was substantially diminished, and there has been a gradual reduction in the frequency of session. Sometimes she goes for a facial or manicure, a new way to care for her body as a woman and to build up other resources for herself. She is thinking seriously of living in a community rather than alone. Judit's reclaiming of her body – the experience and mapping of her embodied self – paralleled and was a corollary to her increasing sense of herself in a political, religious and racial context. To put it more simply, her sense of her identity as a Jewish woman became more rooted in her body. She said to me recently, ' the massage used to feed my soul, now it feels like it's for my body'.

Spontaneity as integration

> Whenever we have difficult feelings in relation to someone, we restrict our breathing (often quite unconsciously) in order to suppress our feelings. Alternatively, in order to keep breathing, we cut off relating.
>
> Totton 1998: 13–14

> If the conflict can be held in awareness on all levels (physical/emotional/mental, in the here and now contact), it will spontaneously re-organise itself
>
> Soth 1999

So far I have described how massage can be used to bring the client into more awareness of unconscious material and to help contain intense feelings. The case histories have illustrated how bodywork and verbal processing can go hand-in-hand, the interpretations helping to integrate a process initiated by the massage, or vice versa. The alternation of bodywork and verbal work is a characteristic of body psychotherapy and offers the flexibility and the

therapeutic challenge (for client and therapist) of meeting both the flight (in)to the body and the flight to words. The demand for massage in psychotherapy can be defensive as it was with Andrew. It is sometimes loaded with the unspoken imperative: make me feel better, take away the pain, let's not think too much. Or, in another version of avoidance, there is a kind of forced catharsis to discharge feelings often accompanied by the fantasy that this will please the therapist. (This is the flight (in)to the body: the body is identified with the good object.) On the other hand, resistance to bodywork can carry the fear of journeying into the unknown, losing the anchor of words. The gratification of word-mongering is an intellectual defence that can mask deeper pain and uncertainty.[4] Both are forms of splitting which inevitably emerge in a relationship where both words and touch can bring the client to places of pain and difficulty. Safety, for the client, may appear to reside in the modality in which they are habitually comfortable. On the other hand, the hope for change may be invested in the less familiar medium.

It is, of course, an illusion to think that any technique is the right one. However, shifting mode can catch a dynamic and crystallise it, take it by surprise almost. Though this is related to an individual's characteristic defences and expectations of the therapy, it is also connected to the cyclical nature of a process. The inkling of something new disturbing consciousness may come in the form of a word, an image, a feeling, a sensation, a fantasy. How this then unfolds and elaborates often depends on the client being able to relate it to something else in another modality or another context.

Following this through can lead to the unexpected cohering of perceptions, movement, feeling in an experience of heightened engagement with the therapist in the transference. Such experiences can be intense and often come as the armour melts whilst the client is able to maintain contact with the therapist in the here and now. Chaotic feelings, impulses, movements and outbursts bring to the foreground latent and unconscious aspects of the relationship. The building of a relationship, of a language of touch, and developed sensory awareness prepares the ground for the client to be able to allow and to survive the unexpected and sometimes overwhelming intensity of such experiences, as well as much subtler moments of connection.

Case study: Mary – dare I come into this tender touch of life?

Mary is a therapist. She presents with the sophistication of an experienced client, able to tap into her own process via reflection, dreams, awareness of transference, of fantasy, etc. One day she arrived feeling frustrated, and complained, 'therapy feels like work – I never make it easy for myself'. 'Shall we make it easy?' I joked, and suggested she get on the massage table. I noticed a quivering in her throat, especially in the sternocleidomastoid muscle, and she reported seeing images of quicksand. Both the tremors in the muscle and the image indicated ripeness, feelings impinging on the ego. I decided not to

pursue her associations to quicksand, which would mean her working. Instead, to increase the breathing and the flow of sensory information to the muscles in the throat, I put my hand under her back and twanged rapidly across the muscles either side of the spine. I worked upwards, going deep into the levator scapulae muscle, which was tight with fear. She found it painful but breathed deeply into the process. As tension dissolved on the left side of her body, she felt tingling down her legs. She became aware of a more defended right side and particularly the tightness in her jaw. She described an animal sense of wanting to bite.

I could have switched directly to focussing on this wanting to bite but I continued to twang the neck muscles deeply and firmly because it felt as though the dynamic was still building. (Part of the repertoire of a body psychotherapist is the capacity to sense the resonance of the charge in the client's body.) Suddenly the muscles became sensitised and softened, indicating that the defence against the feeling had been given up. Mary described a sense of expansion around the head. I worked gently on the skin level now around the mouth, jaw and chin. The whole area felt so porous, like the energy field around a baby. She felt a melting sensation around her mouth, and could imagine being a baby wanting to suck. She told me afterwards that she felt extremely vulnerable at that point. This was palpable, along with the sense of peace. Although we talked a bit afterwards, it is crucial at such moments for the therapist to sense whether or not words are needed to clarify the experience. I stroked the energy down over the chest and into the arms, and down over the hips to the legs to give a sense of grounding and connecting downwards. This continued and gave a concluding shape (for that session) to the wordless intensity of surrender and the sense of being met at a deep level.

Mary is a client with whom I have used massage intermittently in the psychotherapy process, like a resource to be dipped into. What this mirrors is her struggle with an omnipotent need to provide me with material, a defence which occasionally drops to reveal her deep need for holding and a very immediate kind of care from me. Her active working (even during the massage she maintains thoughtfulness) comes from a tremendous fear of receiving, of letting me be the therapist.

I could have engaged her more directly with the frustration and with the desire to bite but I felt she was more in touch with her defence than what was underneath it. First Mary was aware of frustration, then of wanting to bite and of holding that desire back. This is an *embodied insight – to feel on a muscular level the instinct and the defence against it simultaneously and to tolerate both.* (She told me after the massage that she could feel how she held her disapproval and disdain in her jaw.) The deep work on the muscles had led to an increase in breathing (raising the charge). She did not contract or dissociate on a bodily level and this was the indicator that the charge was being contained. As I continued with the softer work, she was able to let

go of many layers of defence, and yield both to the desire to take in and to experience the vulnerability of that position.

This involuntary drop into a less defended place, where dependence is experienced as non-traumatic, is an enormously important marker or register to have in a therapy relationship. It is a reference point that anchors the possibility for change.[5] We did not stay on that level, or with massage for long in that phase of the therapy, but it had a deep effect. One point to make clearly here is that Mary did not reach this place because of the massage, though that did nudge her in its direction. It happened because it was ripe (her opening remark about therapy feeling like work contains the unconscious hope that the therapist might make it easy for her). If it hadn't been ripe, the deep twanging would have put her more in touch with anger or loss, or she would have defended by cutting off in some way. (As with all psychotherapy interventions, timing is critical.)

Two years later, Mary and I have started to use massage again as part of the therapy. This move has been precipitated by a major loss in her life, which has thrown her into a more self-conscious and explicit dependence on me. The loss recapitulates some of the features of her birth. Mary was a breech baby (i.e. a baby who tries to come out feet first rather than head first), who was eventually born by Caesarean while her mother was under anaesthetic. After birth, she had difficulty feeding and breathing. Whilst with many people the details of their birth story are not known nor relevant, sometimes there are clients for whom the impact of birth trauma seems significant both symbolically and in terms of the unintegrated key reflexes. Birth is the first manifestation of will on the part of the infant: the baby is usually the initiator of birth, is highly active, and the actual process of birth stimulates and integrates a number of reflexes. In Mary's story the symbolism of trying to come out feet first suggests a bold attempt at independence which is then massively thwarted by the Caesarean. Her difficulty with active initiation is bound up with a deep hopelessness and compensated for by reflection and processing. The reflexes of reaching and pushing (involved and evolved in birth and early developmental stages) are subdued.

Clearly the hopelessness needs understanding in a total relational-developmental context, not as a product of one event. This is where the exploration within the transference is fundamental and it can happen on a number of levels, including through bodywork which supports, identifies and clarifies reflexes.

To try to illustrate how bodywork and verbal interpretation can be mutually enhancing, especially when deeper processes are being strongly inhibited, I want to describe a sequence from a recent session which was quite chaotic. Mary was feeling her helplessness, loss and abandonment, and initially when I touched her head and back, she dropped into the depth of her fear. After a couple of minutes she flipped out of this into a more paranoid space. She had started to watch herself and attack her need. She expressed a sense of self-

disgust. I wondered how to proceed at this point. I commented on what I imagined had triggered this insertion of something alien and objectifying into the room, which was that I had broached with her earlier the subject of using her as a case study in this chapter. After a while I continued the massage, and she described the fantasy of being on stage in a lecture theatre. The image contained her fear of exposure. When I moved to hold her feet, she felt I had abandoned her back. I suggested that she felt more in touch with being abandoned by me.

Then Mary's toes began to make urgent grasping movements towards my hands. It was as if her feet were hands they were so flexible, with the toes differentiated, reaching curling round my fingers. I took the soles of her feet in my hands, and her toes continued to reach and explore my wrists for a while. Then I started to put a bit of pressure on her feet, and she began to push back. I maintained minimal pressure, while her pushing became kicking. The kicking came from her belly and she made sounds of longing and effort. She clasped at her collarbone and arched her back. These movements were a concentrated expression on many levels – of birth reflexes, of reaching, of pushing – integrating desire and rage as an active movement out into the world (as opposed to collapsing inward into fantasy, paranoia and narcissistic defences). They belonged both to the birth scenario and to the transference with me. Through embodying impulses, rather than distancing by reflection and conceptualising, the transference is spontaneously manifest in its intensity. The movements are not just a discharge but a strong communication which integrates at the level of the nervous system *and* as a conscious insight.

Complexity, complications and contraindications

Using massage in psychotherapy has many dimensions to it, and I have structured the four case histories to illustrate a few of these different facets: the transmutative and nourishing role of touch; getting to the unconscious via interpreting the body; supporting containment via bodywork; and finally looking in more detail at the complexity of directly engaging and working through transference issues.

I have emphasised the value of massage in this chapter, but it is, of course, a very unorthodox therapeutic intervention, and one which can be complex, tricky and challenging to integrate effectively. Many of the psychotherapy clients referred to me come to Chiron because they want bodywork: this means that they have already chosen a therapeutic culture where physical contact is a normal and accepted part of a process. Naturally, using massage, the massage table and the whole process of taking clothes off still invites strong conscious and unconscious fantasy. All this can be talked about, and used as potent grist to the therapeutic mill (Carroll 1998b). For example, with Mary, re-introducing massage and allotting time for it (a second session, a longer session, half a session, etc.) focussed the Oedipal issue: conflict

between the need for mother (massage) and the need for father (talking); the need to regress versus the need to expand into new challenges.

Working with massage in psychotherapy requires a client with sufficient ego-strength to appreciate the more flexible boundaries involved. The therapist has to consider whether the client can potentially take in the touch and make use of the massage process. It is best suited to those who can be open to bodywork and comfortable enough with the shifts between table, chair and mattress. It is not appropriate when there is a strong transference and a working alliance that is not well-established.

As I have tried to demonstrate, biodynamic massage is not a psychotherapeutic technique in itself, but only becomes so when used in a context which pays attention to the complex issues evoked by working within the transference. This is challenging for the therapist at the level of technique and structure. Massage is obviously less easy to interweave with other interventions, although the more relaxed the therapist is with such transitions, the easier they become. But, as a psychotherapist, if I am really paying attention to the transference, there are always avenues opening up which may be more appropriately explored in detail with the client in a less vulnerable position. Biodynamic massage does not preclude the rigorousness of sitting face-to-face with the client, who is struggling to articulate and deal with difficult, obstinate or intense feelings towards the therapist. However, the differences in the two ways of working may clash more than complement each other.

One of the dilemmas I often face in using massage has to do with the time it uses: biodynamic massage has a rhythm of its own, it works deeply and sometimes slowly at a non-verbal level. The suspension of words – though there is still plenty of verbalisation – is actually quite precious in itself. It allows the client – if they are able – to sink into and be with themselves whilst being held by the therapist.

The effect of biodynamic massage is cumulative: used occasionally, it provides markers for the client's history, for anchoring significant insights, for enhancing embodied self-awareness. Used long-term, its effects can include a profound change in the client's capacity to know through the body, to pick up the subtlest cue – the twitch of a muscle, the sense of vegetative stirring – and to let it unfold to its resolution, much as a patient in long-term analysis can allow the elaboration of a chain of associations in words.

In this way the client comes to know themselves as a subjective being, as having a richly-textured interior life, and they begin to experience themselves 'objectively' by being aware of the very source of that subjectivity, the body. Body awareness has an incontrovertible communicative value to the client about him/herself. The body is extra-ordinary territory, at once common and basic, and at the same time having an infinite range and resonance with life in all its forms.

> All of the creativity and free-ranging mobility that we have come to associate with the human intellect is, in truth, an elaboration or recapitulation of a profound creativity already under way at the most immediate level of sensory perception
>
> Abrams 1997: 49

Notes

1 Although biodynamic theory has not been incorporated into mainstream science, its formulations anticipate emerging neuroscientific principles that emphasise complex holistic functions: the concerted effect of both neural and chemical processes, functional identity of emotional and autonomic self-regulation, and the complex interplay of parts of the nervous systems developed at different evolutionary stages (Damasio 1994, 1999). In the developing field of neuro-psychoanalysis, there has been great interest in self-regulation. The balancing of sympathetic and parasympathetic functions is an aspect of psychological health deriving from secure attachment, and its antithesis is the chaotic emotionality of an individual whose autonomic nervous system is chronically disordered (Schore 1994). Although body psychotherapy theory has not been incorporated within the frame of reference of the neuro-psychoanalysts, I believe it has a valuable contribution to make as a third reference point, integrating physiology, phenomenology and psychodynamic theory.

2 In a discussion of the role of bodywork at a seminar on Object Relations given at Chiron in 1998 (Gomez 1997).

3 Body psychotherapy has always challenged the dualistic assumption that the mind operates on the body, and that containment is a mental function (Soth 2000). Now with the advent of complexity theory and its incorporation into neuroscience there is an up-do-date scientific model that is beginning to elucidate how mental capacities are derived from the totality of brain/body processes (Solms 2000; Damasio 1994, 1999; Schore 1994)

4 The phrase comes from Sue Law, my colleague at Chiron, who elucidated the distinction flight (in)to the body and flight to words. This is an important riposte to the analysts who suggest that to use touch is gratifying *per se*, and that use of language (symbolising) is less regressive psychologically.

5 The pioneering neurologist Antonio Damasio has put forward a theoretical explanation for what might otherwise be called a gut feeling. He suggests that body signals – crucially the nucleus of motor and sensory signals processed by the autonomic nervous system – forms a basic concept of self [. . .] a ground reference for whatever else happened to the organism (Damasio 1994: 240). Stored representations of body signals over a lifetime are used as a memory bank to make decisions in the present about the future; these are somatic markers that help us anticipate good or bad outcomes of situations, based on experiences that have felt similar.

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